

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035435

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 70 Primary Registration District No. 5278 Registrar's No. 58

FILED OCT 15 1963

1. PLACE OF DEATH

a. COUNTY

Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kahoka

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clark

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Sunset View Rest Home

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

358 N. Johnson

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

David Richard

First

Dunn

Last

4. DATE OF DEATH

Month

Day

Year

Sept 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-10-1881

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Kahoka

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Dunn

13b. MOTHER'S MAIDEN NAME

Marie Gregory

14. NAME OF HUSBAND OR WIFE

Rebecca Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

Mr. Ray Dunn, Kahoka, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hour

DUE TO (b)

Hypertensive. Arteriosclerotic

DUE TO (c)

Heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-1-62 to 9-30-63 and last saw him alive on 9-30-63

Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. L. Shaffer

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

10-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Sand Cemetery

23d. LOCATION (City, town, or county)

St. Francisville, Mo.

(State)

24. FUNERAL DIRECTOR

D. L. Shaffer, Kahoka, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct 11-63

26. REGISTRAR'S SIGNATURE

D. L. Shaffer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10230

20230

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9443X

10

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1286-2

132-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.